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# GOOD CARE

-Perspectives to good care by Mr. Lauri Kangas award winners

BACHELOR'S THESIS | ABSTRACT

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## GOOD CARE

The aim of this thesis was to find answers about good care based on interviewees answers and literature. Every patient has the right for good care. In health care area, good care is generally approved goal. Research method used in this thesis was theme interview. The targetgroup was good care award winners, who have worked in nursing area for many years. Research data was gathered with form which was made for this thesis and the material was gathered during April 2020. The answering present was 100%. The results indicated that the interviewees had quite similar thoughts about the meaning of good care. The interviewees are working in different positions, so this affected the results as well. It also gave a good picture about good care definitions in different nursing areas.

This process started from good care award founded by Mr. Lauri Kangas. In this award, there was four winners who got an award because they have been implementing good care. They were interviewed for this thesis and the results show what they think about good care.

In theoretical part of this thesis the meaning of good care, definitions and values were defined. The research method used was theme interview, which was proven to be the most useful way of gathering info from the good care award winners. The data was collected by interviews which were recorded and transcribed. The final data included four interviews and several research articles.

The results showed that good care consists of various different factors. Most common of those are characteristics of nursing staff, basic care and holistic care. The results are supporting the previously known information about good care. In conclusion can be noted that the subject requires more in-depth research, as it is being a huge ethical and moral question.

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### KEYWORDS:

Good care, quality of care

OPINNÄYTETYÖ AMK | TIIVISTELMÄ

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## HYVÄ HOITO

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Opinnäytetyön tavoite oli löytää vastaus kysymykseen mitä on hyvä hoito ja miten sitä toteutetaan. Vastauksia etsittiin jo olemassa olevista tutkimuksista sekä haastatteluista, joissa haastateltiin hyvän hoitotyön palkinnon saajia. Jokaisella potilaalla on oikeus hyvään hoitoon. Terveystieteiden tutkimuksessa, hyvä hoito on yleisesti hyväksytty tavoite. Tutkimusmentelmänä opinnäytetyössä käytettiin teemahaastatteluita. Haastatteluiden kohderyhmänä olivat hyvän hoitotyön palkinnon saajat, jotka ovat työskennelleet useita vuosia hoitotyössä. Haastattelut suoritettiin huhtikuun 2020 aikana. Vastausprosentti oli 100%. Tulokset osoittivat, että vastaajilla oli samanlaisia ajatuksia hyvästä hoitotyöstä ja sen toteuttamisesta. Vastaajat työskentelevät erilaisissa tehtävissä hoitotyössä, joten tämä antoi vastauksiin hieman erilaisuutta. Se antoi myös hieman erilaista kuvaa hyvästä hoidosta hoitotyön eri aloilla.

Tämä opinnäytetyö sai alkunsa Lauri Kankaan perustamasta hyvän hoitotyön palkinnosta. Tänä vuonna palkinnonsaajia oli neljä, joista jokaista haastateltiin. He saivat hyvän hoitotyön palkinnon koska ovat työssään toteuttaneet hyvää hoitotyötä. Opinnäytetyön tulokset pohjautuvat heidän antamiin haastatteluihin ja ajatuksiin hyvästä hoitotyöstä.

Opinnäytetyön teoreettisessa viitekehyksessä hyvän hoidon määritelmää, arvoja, laatua sekä tavoitteita määriteltiin. Tutkimusmenetelmänä käytettiin teemahaastatteluita mikä osoittautui kaikkein hyödyllisimmäksi tavaksi kerätä tietoa hoitotyön palkinnon saajilta. Tietoa kerättiin haastatteluilla jotka nauhoitettiin ja litteroitiin. Lopullinen data sisälsi moni tieteellisiä artikkeleita, haastatteluista sekä kirjallisuutta.

Tulokset osoittivat, että hyvä hoito sisältää useita eri tekijöitä. Yleisimpiä näistä olivat kokonaisvaltainen hoito, perushoito sekä hoitotyöntekijöiden persoonat. Tulokset tukevat aikasempaa tutkimustietoa hyvästä hoidosta. Lopuksi voidaan todeta aiheen tarvitsevan syvällisempää tutkimista, sillä se on aiheena hyvin laaja moraalinen ja eettinen kysymys.

ASIASANAT:

Hyvä hoito, hoidon laatu

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## **APPENDICES**

Appendix 1. Consent form for the interviewees  
Appendix 2. Interview frame

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# 1 INTRODUCTION

In Finnish health care law (Terveydenhuoltolaki 1326/2010) it is being said that the health care acts has to be evidence based and offer proper care and practical skills. In addition the performance has to be high in quality, safe and properly implemented. (Terveydenhuoltolaki 1326/2010) There is also a law about patient rights (Laki potilaan asemasta ja oikeuksista 785/1992) which sets the rights for receival of good and proper care. The quality of care is a lot discussed in health care area. It is also one of the biggest questions in nursing sciences. Quality of care is also an important part of good care but it has to be kept in mind, that those are two different aspects. However, these two can not be separated as they need one another for complemeting the good care. Even though quality of care is usually seen as good, it can be bad too. In these situations the patient has the right to complain about the care, that was received and clarify the situation with the ones who took part in his/her care. This is usually the first part and the most recommended way to act. After this, the patient has the right to make written reminder to the supervisor. If the patient is not happy for the answer, he/she can still make a complaint to regional state administrative agency. (Valvira) These are all prescribed in the health care laws. (Laki potilaan asemasta ja oikeuksista 785/1992)

Good care can be defined in many different angles. As a sum up, good care consists of determined acts which includes holistic, individual and safe care. (Launonen, 2014) When developing and examining care, it is important to get feedback from patients, as they are the best to evaluate the care. When examining good care, it is important to pay attention to health care workers, derivation and organisations point of views of good care. (Leino-Kilpi & Välimäki 2015, 80-97)

In health care quality manual, quality of care is defined as planning, evaluating and improvement to reach the goals which have been set in each organisations. These goals are based on politics of quality and strategies that organisations have set. The manual is made to support the following of quality of care. In organisations there are specific values defined based on the organisations values and these values guide the practical acts. (Koivuranta-Vaara 2019, 5-6)

My interest in good care and the implement of that area has risen during my studies. It has been discussed during my studies and I have seen and experienced different kinds of good care during my clinical practices during the studies. Term good care consists of

so many ethical questions that it is actually a lot bigger question than I first thought it would be. I thought it would be an easy topic and question to discuss about, but during this process I have realized it being a very hard question. I have had the privilege to interview health care workers whom have many years of experience in health care area and it has given me many thoughts about the situation with good care. In health care area efficiency and cost-orientation is constantly being highlighted but at the same time the quality of care is more and more under the eye. This thesis was made based in good care award. There has been used theme interview as a data collector method and literature to collect the literature-based data. The meaning of this thesis is to describe good care from the scientific point of views and find out what do the winners think about definitions for good care. This thesis results can be used in health care sector to establish the professional competence and development of the patient centered care.



## 2 DEFINING GOOD CARE

When searching answers for what is good, there comes many definitions. It is usually understood as a something morally excellent, high in quality or satisfactory in quality. It is also used as a merit or advantage. There are also several synonyms for good such as nice, wonderful and incredible. (Synonymisanakirja 2020) In health care the good is targeted to humans or acts. The mission for health care is to give as good care as possible by noticing the resources available. (1326/2010) Many laws and acts gives the guidance for health care workers how to implement their work and keep up the good care. Good care consists of various different aspects. Some these to mention are quality of care, patient safety, parity and non-discrimination and educated professionals. (Kotisaari & Kukkola, 2012) To accomplish good care it is also needed to have well educated health care professional and implementing of evidence-based nursing. Additionally, nursing professionals today are involved in generating and publishing evidence in order to improve client care. (Berman, Snyder, Frandsen 2016, 52-53) Social- and health care sectors has to offer help, support and solutions when needed. Services based on laws, has to be available in reasonable time for the patient to reach. (Koivuranta-Vaara 2019, 9)

When the health care personnel is professional, the care is fluent, safe and based on evidence based nursing. It is important that the flow of information and co-operation between the professionals is good. When the care has been good, result is a happy, well treated patient. (Koivuranta-Vaara 2016, 7)

### 2.1 Definition of good care

Good care can be defined in many different angles as there are so many participants when implementing the care. These participants include the hospital personnel, such as nurses, doctors etc. These are the ones implementing the care. The ones who are receiving the care are patients and also patients relatives. From the patients angle, the care is good when the patient feels like he/she has been listened and his/her wishes, values and opinions have been taken into consideration when planning the care. For health care professionals good care is about teamwork, which is based on evidence and the goal is to relieve pain, promote health and prevent illnessess. (Kotisaari & Kukkola

2012) Nowadays as the multicultural care is common, between the patient and the nurse there might be different cultural and religious visions about the implement of the care. Good care can be defined in many different angles. What might seem good for nurses, can be felt awful for the patient. From the nursing point of view, good care has been accomplished when the care has been implemented in multi-professional group as an evidence based act. In good care patients' individual needs and expectations are taken into account and the patient will receive the care in agreement with him/her and the professionals. (Berman, Snyder & Frandsen 2016, 110)

## 2.2 Aims of good care

Aim for the good care is to that the patient gets the medical care needed as soon as possible and that the care is as fluent as possible. In good care patient can trust in that the care is good and it is causing harm as little as possible. It also includes safe care, safe pharmacotherapy and medical device security. (Koivuranta-Vaara 2019, 11) One of the aims is patient-centered care. It means that the patient should be treated with respect and compassion. Patient has the right to receive individual care from professionals. Patients should be treated equally by respecting their dignity, cultur, motherlanguage and individual needs. (Valvira) Patients should participate in their own care and one of the aims of good care, is to encourage patients to participate in their own care with the help of health care professionals. (Koivuranta-Vaara 2019, 7-9)

## 2.3 Quality of care

The quality of care has been studied a lot. When talking about quality of care, it is usually thought as a good. Quality can also be bad but this is not the generally accepted goal in nursing. The evaluation of care can be done from the nurses point of view and the patients point of view. These can vary quite a lot. To evaluate and measure the care we can get information about the quality of care and improve it to be more patient oriented. (Koivuranta-Vaara 2019, 6-8) There are many indicators to measure the quality of care. These can be used for the health care professionals to measure and develop their functions. (Koivuranta-Vaara 2019, 6) Also patients get benefits out of these. By the results they can choose the place where to get treated as it is their right. (785/1992)

Quality and satisfaction are linked together. Patient satisfaction is one of the most measured area in health care. To measure quality of care, questions should be easy, short and simple. With the help of these, quality can be easily measured and recognise areas that need development. (STTinfo)

Quality can be seen from many different angles. Signs of good care that the service results respond the set goals, services are targeted right and it recognizes the patients main problems, resources are used appropriately and efficiently, service producers, such as nurses and doctors are well educated and motivated and there is enough personnel. Other signs of good quality in care is that patients are satisfied, they are being treated with respect and their hopes are taken into account. (Lammi-Taskula 2011, 421-423)

## 2.4 Values and ethics of care

Values are abstract creations, which are used in justification of human acts. (Leino-Kilpi & Välimäki 2015, 62) In nursing, values are important as those influence decisions and actions, also including nurses ethical decision making. (Berman, Snyder, Frandsen 2016, 99-101) When implementing good care it is also dealing with ones ethics and moral values. Values can be classified based on proponents. These can be defined in different ways, for example personal, cultural and professional values based on who supports the value. The one who supports the value, is a person who accepts certain value, is dedicated to it and thinks that stating it is important. That is why a nurse can not assume based on her/his own values, that the patients values are the same than her/his. Value-object on the other hand is a thing, that is being appreciated. In nursing, it can be for example individuality. Professional values are based on certain profession and these are learned during studies and are usually found from the ethical principles of certain trade. (Leino-Kilpi & Välimäki 2015, 63-65)

A professional code of ethics is a formal statement of a group's ideals and values that serves as a standard and guideline for the group's professional actions and informs the public of its commitment. (Berman, Snyder, Frandsen 2016, 110) The goal for ethical reasoning is to reach mutual, peaceful, agreement that is in the interests of the client though reaching the agreement may require compromising. (Berman, Snyder, Frandsen 2016, 110) In health care there are many kinds of ethical problems to be solved. The main question for ethical problem is, what is good or bad, right or wrong in certain

humane areas or acts. Ethical problem forms conflict between two or several values.  
(Leino-Kilpi & Välimäki 2015, 61)

### 3 GOOD CARE AWARD BY MR. LAURI KANGAS

#### 3.1 Good care awards

Good care award has been founded by a Finnish man Mr. Lauri Kangas. Mr. Kangas founded it for the memory of his wife, who passed away few years ago. His wife got seriously ill and she had to spend a lot of time in hospitals and he was there with her. During the stays in hospital, Mr. Kangas and his wife saw many kinds of care. After his wife passed away, he decided to found good care award. Mr. kangas said that it will be a three year project. The award has now been given twice, year 2021 will probably be the last year. Mr. Kangas hopes, that this award stimulates the discussion around nursing care. He also says that the big goal is to improve the good care even better than what it is now. (Kuusela, 2019) Mr. Kangas believes, that problems in nursing can be intervened only by encouraging for good care. (Kuusela, 2018) The award is given in collaboration with Turun Sanomat. This year, Mr. Kangas got donations from anonymous donors. The idea of this award, that people, patients or co-workers can vote for one nurse or ward, who has given good care. Mr. Kangas will himself go through all of these votes and make the decision with other health care professionals and Turun Sanomat editor, based on reasonings why this one specific nurse or ward should get the award.

On the first year there was 180 votes. The award was given to a supervisor who works in memory association, which offers daily activities for people with memory disorder. Her co-workers vote her and wrote a letter to council and they were convinced. She says that her principle is to be human for humans. She was described as inventive, reliable and a good listener. (Kuusela, 2019)

This year there was approximately 200 votes and the moneyprize was 4000 euros which was shared between the four winners. There were also diplomas given to certain nurses and wards. (Kuusela, 2020)

#### 3.2 Award winners

This year there is four good care award winners. I got to interview them for my thesis project to find out their opinions and experiences about good care. All of the winners have long workhistory in nursing field, so they have experienced a lot. Two of them are

currently working in elderly care and one of them is working in elderly psychiatric polyclinic. One of them retired recently, but according to their own words, she will continue working. It was good to have interviews from different nursing areas, so it gave a bigger perspective of good care in different areas.

Sari, who has been working in nursing field almost 50 years, retired this year. She will still continue working in nursing field, but now she will decide where and how much. This is what one of her colleagues wrote about her: "She defends residents rights and cherishes the implementinf of good care. She has brought up the grievances and suggestions to improve the care."

Marianne, who has been working in psychiatry for her whole carieer, is currently working in elderly outpatient clinic. She was delighted to hear that she has been able to forward the things that she wanted. One of the votes that she got regarding the award said as follows: "She cares, she takes care. She also takes my loved ones into account and she has very good co-operation skills, she is also conscientious and open minded."

Susanna, has been working in nursing for almost 20 years. She was surprised about the award. She is currently working in elderly care. Comments about her work: So cordial, always smiling, even the work is really hard. Take the residents and loved ones into account in a way, which can be done only by a person who loves her job."

Jaana has also worked in nursing for her whole life. After she got the award, she felt like she had done something correctly. "She takes the patient's into account in a great way and does not go the easiest way even if she is in a hurry. All are treated equally and individually and no one is less important. She always takes the loved ones into account too."

(Kuusela, 2020)

## **4 PURPOSE OF THESIS, AIMS AND RESEARCH PROBLEMS**

The purpose of this thesis is to describe the definitions of good care based on scientific literature and theme interviews. The aim is to view good care as a general ensemble from the scientific point of views and from the interviewees answers.

On the below there are research questions in which I will answer in this thesis.

1. What are the definitions and principles of good care?
2. What does good care consist of?
3. How do the interviewees define good care?
4. How do they implement it?
5. How would the award winners like to improve the quality of care?

Thesis aim is to strengthen and add knowledge about the concept of good care. It will also give knowledge of the current situation in nursing field as there has been current nursing professionals answering on the questionnaires.

## 5 RESEARCH PERFORMANCE

The scientific research method used in this thesis is theme interviewing. In this method data is collected by interviewing and the interviewee is participated interactively in the production of data. Interview techniques can be typified according to both the structure of the interview and the degree of interaction between the researcher and the interviewee. Theme interview is a discussion-like interview method which is used in a qualitative research. A theme interview is used, when unknown things are wanted to explained. It is suitable for research method when there is not assurance about the answers and when the answers are based on one's experiences. In theme interview the interviewing is allocated to certain themes and a typical feature is, that the interviewees have experiences of the same kinds of situations. (Hirsjärvi & Hurme 2018)

### 5.1 Theme interview

In this thesis semi-structured interview was used. It is a open, allowing new ideas to be brought up during the interview as a result of what the interviewee says. In semi-structured interview, the interviewer has a framework of themes to be explored. (Hirsjärvi & Hurme 2018, 42)

In theme interview it is generally known that the interviewees has experienced certain situation (Hirsjärvi & Hurme 2018, 42), which is nursing in this situation. Thesis performer read about good care and definitions about that before performing the interviews. Also literature and articles based on that was read. This was the base and reflection for the interviews. (Hirsjärvi & Hurme 2018, 67)

Advantages of theme interview include also that interviewer can express their opinions and ask questions which can bring out more conversation about the topic. This encourages the interviewees to give more useful information and they could more easily give the reasons for their answers. Disadvantages are that there has to be an adequate amount of people to make the results reliable. It has also take into account, that the interviewer must plan the questions carefully to make sure they would get answers they want.



Theme interviews were targeted in specified themes such as good care, implementing good care and improvement of quality of care. Interviews were full of discussion and in total there was many hours recorded. Specified questions were left out and there were certain themes which led the interview. These were used as a memorylist and guiding the conversation when needed. In the interviewsituation themeareas are targeted with specific questions. (Hirsjärvi & Hurme 2018, 67)

The aim was to make the questions easy, open ended and short. In this thesis dynamic questions were used. It gives the interviewee the possibility to promote positive interaction, keep up the conversation and motivate the interviewees to talk about their experiences and feelings. (Hirsjärvi & Hurme 2018, 106) When using open ended questions, it helps the interviewee to give more information about the theme. (Hirsjärvi & Hurme 2018, 105) When having a theme interview, it is good to have few simple questions rather than one complicated. (Hirsjärvi & Hurme 2018, 106)

## 5.2 Choosing the interviewees and making the questions

Individuals are chosen for interviewees because they represent some kind of group, for example elderly, youngsters or school-aged children. (Hirsjärvi & Hurme 2018, 84) For this thesis I got to interview the good care award winners. These interviewees were chosen as they are the professionals to tell about good care. I met them in the awards and asked for their willingness to participate in this thesis project. I got their emails and contacted them when my writing process was in that phase, that the interviews could be held. Personal contact before the actual interview can ease the situation later, when having the interview. (Hirsjärvi & Hurme 2018, 85) It is interviewers responsibility to decide the date, place and duration of the interview. (Hirsjärvi & Hurme 2018, 74)

Before having the interview, I made frame for the interview and the consent form. (Annex 1) Interview questions were made based on research problems. There were first discussion about their background in nursing career and education. Interviewees were emailed beforehand and we set the date for the interview. The purpose for the interviews was to get information about good care and it was more important that they were able to give this information, not the amount of the interviewees. What made the interviews unique, was that they were all interviewed as individuals, not as subjects. (Hirsjärvi & Hurme 2018)

### 5.3 Interview performance

The purpose for qualitative research is to representate real life, as in this thesis nursing. The aim is not to verify already excisting verities or propositions but to reveal or find facts. (Hirsjärvi & Hurme 2018)

In qualitatitive research, information is being gathered comprehensively. Data is gat hered in real-life, natural situations. Researcher trusts info which is given by the in terviewees during the interviews and his/her own observations more than for example results which have been gathered by tests. (Hirsjärvi & Hurme 2018) In this thesis self gathered information was used and the voice and perspectives of the nurses were on the table.

Research method in this thesis was chose to be theme interview, because it was wanted to know that the real-life nurses think about good care and how do they im plement it and what are the things that could be done differently in health care to improve the quality of care. The idea for the interview is simple. When is wanted to know about individuals thoughts and why is he/she acting the way they are, it is easiest to ask that about themselves. (Tuomi & Sarajärvi 2017) It was also wanted to find out about their thoughts, feelings and experiences. That is where the interview is good to be used.

In this thesis it was meant to give the interviewee the possibility to answer subjecti vely. Interviewee was the active part, who gave the meanings. It was wanted to give the interviewee possibility to bring out the subjects dealing with her as neutrally as possible. This gives the feeling for the interviewee, that she is able to talk about the relevant and important things. It also eases the co-operation between interviewer and interviewee. (Hirsjärvi & Hurme 2018, 20-21)

When starting the thesis process, it was already known that the answers would be a lot the same. It was good to have the opportunity to talk with the interviewees and deepen the conversations as this usually gives more information. In interaction face to face it was easy to ask specifying questions and interpret their gestures, which gave also information. Interviewees were also able to reach later, if there was any need for targeting questions.

This data collection method was suitable for gathering the info, as interview is accompanies the respondents. Gathering the data went well, as there was the possibility to repeat questions, explain if something was unclear and interpret their gestures. It went also well as most of the interview were held in their homes, which is usually the best place as it is calm and safe. When interviewing, it usually needs good contact for the interviewee and that is why it is best to have the interviews at home, where interviewee can be safe and calm. (Hirsjärvi & Hurme 2018, 20)

When comparing interview method to questionnaires, in this thesis interview method was easier because sometimes filling the questionnaires can be hard for the fillers. It can also happen, that interviewees forget that they had to answer on questionnaire. That way it is easier to motivate the interviewees to answer when having a theme interview. (Hirsjärvi & Hurme 2018, 36)

## 6 RESEARCH RESULTS

In this chapter the results of the interviews are explained. Based on the theme interviews, there are several things that are part of good care. These were gathered all together and are presented below. All of the interviewees have been working in health care area from 19 to 47 years. All of them were females, two of them are currently working in elderly care, one is working psychiatric outpatient clinic for elderly and one of them is working in health care center. Three of four interviews were held at their homes, one had to be done in phone. All of them were alone at home. They were interviewed because all of them received the good care award. It has been given for them as they have been implementing good care.

*"I think I have done something correctly when I got this award." ("Mä koen, että oon jotakin osannu tehdä oikein ja sain tän palkinnon.") -Jaana, sairaanhoitaja*

### 6.1 Good care starts with the basics

When asked what does good care consist of, all of the interviewees answered that it starts with the basics. What basics mean in their work, was a bit different aspects as they are working in different nursing fields. Marianne, who works in psychiatric polyclinic working with elderly people too, answered what good care consists of. She thought it is also about the basics, about listening and setting goals.

*"Care is good, when the basic needs, such as nutrition, water, sleep, clothing and sanitation are taken care of." ("Hoito on hyvää, kun perusasiat ravinto, vesi, uni, vaatettaminen on kunnossa ja wc-tarpeista on pidetty huolta.") -Sari, perushoitaja*

*"I think it is about listening the patient and setting goals together." ("Kyllä se mun mielestä on sitä, että kuuntelee potilasta ja tehdään yhdessä niitä tavoitteita.") - Marianne, mielisairanhoitaja*

## 6.2 Being present

One of the most important aspects in interviewees' opinions good care seemed to be about being present. This was a lot highlighted in interviews. Nowadays when nursing is considered as a job where one is always in a hurry, it is important to not to make the job look like they are in a hurry.

*"To be genuinely present, give them the time, even though there might not be enough time." ("Olla aidosti läsnä, antaa aikaa vaikka sitä ei olisi aina paljon antaa.") -Jaana, sairaanhoitaja*

*"I was in palliative education, where this same thing was highlighted, that you have to be present in that situation ---- you have to be present in mental state as well. It makes you look busy and a bit like you are in a rush, you know what a mentally absent person looks like." ("Mä olin semmosessa palliatiivisessa koulutuksessa missä tätä samaa asiaa painotettiin, että sun pitää olla läsnä siinä tilanteessa --- et kyl sun pitää olla myös sillä henkisellä tasolla läsnä. Siit tulee kiireinen ja vähän semmonen hösä ja sit sä voit olla semmonen, kyllähän sä tiät millanen poissaoleva ihminen on, vaikka se olisi tässä, niin se ei kuitenkaan ole tässä.") -Sari, perushoitaja*

*"Like for example, if the patient is tearful or in a bad mood, so the empathy can be seen from me." ("Esimerkiks jos on sillai, et potilas on hirveen itkunen ja paha mielel, ni se empatia myös näkyy musta.") -Marianne, mielisairanhoitaja*

Almost all of them also mentioned that it is important not to show the rush and not make the residents/patients feel like they are a burden for the nurses:

*"But really, to not to make them feel like they are a burden" ("Mut se tosiaan, ettei se näkyis sille asukkaalle se kiire.") -Jaana, sairaanhoitaja*

### 6.3 Holistic care

Them who are working in elderly care, wished that there would be a lifespan out of each resident/patient. They said it would ease to get to know them and make them life in elderly home better. One thing about holistic care was to pay attention to the psychological sides, it is actually one of the most important parts of holistic care. This also consists of touching, talking and paying attention to patients gestures, this can tell a lot if the patient is having pain for example.

*"The care has to be holistic, it is important to pay attention to the psychological side too." ("Kyllä sen hoidon pitää olla kokonaisvaltaista niin että se psykologinen puoli on otettu huomioon kans.") -Susanna, lähihoitaja*

*"And the thing that I am missing nowadays is that I would like to know the lifespan of the elderly. That I would know when they got married and about the children and if they have been traveling a lot. It gives some kind of safety for the care, at least when working with dementia patients." ("Ja se mitä mä kaipaisin tänä päivänä sitä mitä mulla oli siellä dementiayksikössä, että oli elämäankaari, sen ihmisen elämäankaari, mä tietäisin että hän on mennyt naimisiin ja saanut lapsia ja matkustellut paljon, niin semmonen antaa siihen hoitoon oman turvallisuuden, varsinkin dementiaapuolella. Tiedän sen asukkaan elämästä tai elämänkulusta semmoset pääasiat. Tänäpäivänä ei semmosta ainakaan tuolla palvelutaloissa ole.") -Sari, perushoitaja*

They also talked about the care being a whole thing, not just little tasks to do one by one and running from place to place, it makes you look busy and that is not good. The main thing is to concentrate on the whole.

*"It has to be holistic, not just task-oriented, not like this is just a job that I am doing that you have to pay attention to all the needs of the resident, and you kind of have to control everything and have the ropes in your hands." ("Sen pitää olla kokonaisvaltaista, ei saa olla tehtäväkeskeistä, et tää nyt on tämmönen työ minkä mä*

*suoritan, et sun pitää huomioida sen asukkaan kaikki tarpeet ja tota pitää tavallaan olla ne narut sillai käsissä, et sä niinku pystyt hallitsemaan sen kaiken.”) -Jaana, sairaanhoitaja*

*”When I am with the patient, then I really am there, comprehensively.” (“Kun mä oon sen potilaan kanssa, niin mä oon sen kanssa täysillä.”) -Susanna, lähihoitaja*

#### 6.4 Taking relatives into account

Marianne, who worked in psychiatric polyclinic said that it is important to hear the relatives too and include them in the care. It can give a lot needed information. Results showed that when nursing a patient/resident, one is also taking care of the relatives. Care can be considered good when the relatives have been taken into consideration too.

*”Co-operation with relatives, there are very active relatives who tells their own opinions about the situation which can be totally different than patients opinion, sometimes they give very valuable information.” (“Jonkun verran yhteistyö omaisten kanssa, on hyvinki aktiivisii omaisii ketkä kertoo sitä omaa näkemystä, mikä voi olla aivan eri mitä potilaan näkemys, et välil tulee tosi arvokasta tietoa.”) -Marianne, mielisairanhoitaja*

Them working in elderly care said that it is part of their job to call to relatives and tell how the resident is doing. This is also a way to include them in to the care of the patient. During spring 2020 there was coronaviruspandemic, which also affected the elderly homes so that the visits were forbidden. This increased the importance of informing the relatives:

*”I called this one residents daughter and even though the resident usually speaks nosense, she clearly talked with the daughter. It felt so nice, that they got that opportunity, as now they can not see each other.” (“Soitettiin tämmönen videopuhelu yhden asukkaan tyttäreille ja siis hän ihan selkeesti puhus sen tyttären kanssa. Meidän*

*kanssa hän puhuu välillä jotain epäselvää mutta nyt hän puhus ihan selkeesti, se tuntus niin hyvältä.”) -Jaana, sairaanhoitaja*

## 6.5 Characteristics of health care personnel

One thing that came out was the characteristics of health care professionals. Results showed, that in this job, you really have to be interested in what you are doing, not just to make the money. Results indicated that characteristics of health care personnel can affect the quality of care and the experience that patient is getting. It has been proven to be one of the most important points in health care. Results confirmed that:

*”And I think that we all work with our own personalities and even though you are very educated, it can still be seen if you are not interested and you are not in right profession. And in a way, I always laugh that we all have the little Florence Nigtingale inside us.” (“Ja tavallaan sekin mun mielestä, et ku mehän tehään joku omalla persoonalla töitä, ni vaik ois kuin kouluttautunu, ni silti sielt voi paistaa se, et ei olekkaan tavallaan tieksä oikees ammatissa ja sit taas, et mä tavallaan nauran sitä, et jokases meissä on se sisäinen pieni Florence Nigthingale.”) -Jaana, sairaanhoitaja*

Also humour was mentioned often as one of the characteristics. Results showed that there has to be atleast a little humour used when working in nursing career. At the best situations, humour can help to promote the care.

*”Humour is also one thing that is lovely to share with patients, to rely on that. That quite many have the lovely habit, which has carried through the life that you have survived with taking humour along in it. When you get to know the patients and if you know a patient is humorous, then you can bring the care forth with the help of humour.” (“Toisaalta huumori on kans sellanen asia mitä on ihana jakaa potilaitten kans, et tukee siihen. Hirveen monel on semmonen aivan ihana keino mikä on kantanu läpi elämän, et on selvinny sen kans et se huumori otetaan siihen mukaan ja sit ku oppii tuntee*



*potilaat ni sit voi itekki, et jos tietää, et on semmonen niinku huumorintajunen ihminen  
nisit voi sen huumorinki avulla viedä sit sitä hoitoo eteenpäin.” -Marianne,  
mielisairaanhoitaja*

*”It is good to use the humour when working with patients.” (“Huumoria on hyvä käyttää  
potilaitten kanssa.”) -Susanna, lähihoitaja*

*”Without humour, you can not survive in this job, that is clear.” (“Ilman huumoria ei  
tässä työssä pärjää, se on ihan selvä.”) -Jaana, sairaanhoitaja*

*”Sometimes, it is so lovely when having a resident with a good sense of humour, it is so  
lovely to use it with them. You can see and sense with whom you can use it.” (“Joskus,  
se on tosi ihanaa ku on semmonen asukas kenellä on hyvä huumorintaju, ni se on tosi  
ihanaa sit käyttää sitä heidän kans. Sun vaa pitää nähdä ja vähä aistia et kenen  
kanssa sitä voi käyttää.”) -Susanna, lähihoitaja*

It was also mentioned, that nurses have to have so called antennas, to sense whether to use the humour with certain patients or not. It can also differ from days to days if it is suitable to use it.

## 6.6 Teamwork among health care professionals

Teamwork is one of the most valued areas in health care. There are nurses, doctors, physiotherapists and many more to keep the quality of care as good as possible. It is important that the atmosphere is good and everyone works well together. Patients can easily see and sense if the atmosphere is bad. Health care needs all of the professionals and it is important that they work well together. Interview results confirmed that. They said that they could not do their work well without all the others:

*"The authority that doctors have, is good with some patients." ("Se auktoriteetti mitä lääkäreillä on potilaita kohtaan, ni on tosi hyvä joissain potilastapauksissa.") -Marianne, mielisairaanhoitaja*

*"Diversity is wealth and it should be used among health care professionals and accept the diversity." ("Erilaisuus on rikkaus ja sitä pitäis osata arvostaa myös hoitajien keskuudessa ja hyväksyä se erilaisuus.") -Jaana, sairaanhoitaja*

## 6.7 Challenges to be improved

The last theme was about current situation in health care. It was asked whether the interviewees are satisfied with the situation or not and if not, what would be the development that has to be done. Results showed that it starts all the way from school. One of the most mentioned thing was lack of time. Nurses told that they have certain amount of time given per patient and usually that is not enough to cover the holistic care which is the aim. Some of the interviewees told, that there are days when they do not have the time to eat during their shift. All of the nurses mentioned something to develop:

*"I think it starts all the way from school. Students nowadays are a bit too educated --- It is too technic the studying." ("Kyl mä olen sitä mieltä, että se lähtee hiukan tuolta koulusta jo tänä päivänä. Opiskelijat on vähän liikaa koulutettuja --- opiskelu on vähän liian teknistä.") Sari, perushoitaja*

*"The feeling of inadequacy, it does not feel good but we have to confront this as there are not enough nurses, I would say we need more nurses. Patient safety is suffering from the lack of nurses." ("Riittämättömyyden tunne, ei se tunnu hyvältä mut sitä pitää vaan kestää kun ei oo tarpeeks niitä hoitajia, mä sanoisin et kyl me tarvittais lisää hoitajia. Myös toi potilasturvallisuus kärsii hoitajien vähyydestä.") -Susanna, lähihoitaja*

*"Salary is way too small compared to the responsibility that we have to face in our jobs. It is not enough to live with that amount of salary, I must work two jobs to get along"*  
*("Palkka on ihan liian pieni ku vertaa sitä siihen vastuuseen mikä meillä on. Ei se riitä elämiseen, sen takia mäkin teen kahta työtä.") -Susanna, lähihoitaja*

*"There is not respect for the nurses, it would be nice to get something."* (*"Ku ei hoitajille oikeen anneta arvostusta, oishan se kiva jotakin saada."*) -Susanna, lähihoitaja

*"Well salary of course is one thing which needs improvement. I can not say, there are so much, but more time would be nice."* (*"No palkka on tietty yks. En osaa oikeen sanoa, niit on nii paljon mut enemmän aikaa olis kyl kiva."*) -Jaana, sairaanhoitaja

*"You have the certain amount of patients and you have to take care of them and as a nurse you have to take care of the other, such as medication things and you must react at some level to it that you can not just ignore it."* (*"Ku sulla on se tietty määrä potilaita päivän aikana joita hoidat ja sit sun pitää pitää huolta heistä ja sitte sairaanhoitajana sulla on muitaki asioita joista pitää huolehtia, niinku esimerkiksi lääkeasiat ja sun pitää niihin reagoida edes jollain tasolla, eikä vaan ignorata."*) -Jaana, sairaanhoitaja

*"Unfortunately, there is not enough time to give for one patient --- it would be so important to have the time to actually ask how are the patients doing and talk with them."* (*"Valitettavasti on asukasta kohden liian vähän antaa aikaa – se olis niin tärkeetä, että hoitajalla olis oikeesti aikaa kysyä mitä kuuluu."*) -Jaana, sairaanhoitaja

*"And, then when thinking about it that you must do the actual nursing care and the documentation and there might be such as financial support applications to be filled, so basically there is not time given to do those but you must include all this extra work in the nursing care time too."* (*"Ja sitten kun miettii, että sun pitää tehdä se hoitotyö ja*

*kirjaaminen ja sitten siellä saattaa olla jotain kelapapereita mitä pitää täyttää, niin periaatteessa ei ole aikaa annettu niihin ekstratöihin ja sun pitää sisällyttää nekin siihen itse hoitotyöhön.”) -Jaana, sairaanhoitaja*

One of the improvement targets was the salary. Interview results showed, that nurses are not satisfied with the amount of salary they get, compared to the challenging job they are doing. Also lack of respect was mentioned. Result showed that these two should be in balance. Nurses are responsible of human lives and the respect what they get, is so little and salary even smaller. Some of them even have to work two jobs to cover the costs of living. They also seemed worried about the future in nursing area as the situation is already at this stage. One of the main problems was lack of time and lack of nurses. They were worried whether there will be enough nurses in the future when baby boomers need care, if this situation is already at this stage. The feeling of inadequacy was also mentioned as one problem. This is affected due to lack of nurses. As Jaana mentioned it is also very important to have the time to ask the patients how they are doing.

## 7 ETHICS AND RELIABILITY

There are five ethical questions presented in ethics of scientific research. These questions are about defining good research, is the thirst of knowledge acceptable, what is being researched and how to choose the research topics, what kind of research results can one pursue and what kind of means can researcher use. (Tuomi & Sarajärvi 2017, 279) It is said that a researcher should be very careful, when moving into things that are about legality and ethics. (Yow 1994, 84)

### 7.1 Ethics

When facing people in real life and face to face, it is always considered as an ethical dilemma and dealing with ethical questions. It is good, that the researcher is aware of research ethical questions before the actual research. (Hirsjärvi & Hurme 2018, 20) With this thesis process this was done before having the interviews. In this thesis, ethics played a big role as the research method used was interviewing and this research is qualitative research. In qualitative research it is highlighted that people get to say their perspectives in certain thoughts. This is why ethical questions have to be taken into account. When having a thesis about interviewing people, the most important ethical principles are about reliability, privacy and consent. (Hirsjärvi & Hurme 2018, 21)

When talking in general, human rights form the ethical base for research targeting to humans. The most important principle is to not cause any harm. It is research candidates right to get information about how the research is implemented, for example if it is being recorded, the research candidate has to be aware of it and give the permission for it, research candidates has to get information also about the research aims and possible risks of it. Researcher is responsible of ensuring that the research candidate understands everything regarding the research. (Tuomi & Sarajärvi 2017)

During this thesis process, thesis writer emailed every interviewee explaining about the thesis process and that it is in that state, that the interviews would be held now. Interviewdays were set by email.

When meeting the interviewees for the first time in good care awards, they got information about this thesis process and their willingness for interviews were asked. When having the interviews, they were informed about the whole process and their willingness for the interviews were confirmed by their signatures in consent form. (Annex 1) That supported the ethics of this thesis. The main principle is that the interviewee has given their consent based on proper information. (Hirsjärvi & Hurme 2018, 21) One of the interviewee rights include also the possibility to interrupt the interview whenever they feel like it, also voluntary and right to refuse participating are the rights for the interviewee. When having the interviews, the interviewees had the possibility to refuse their involvement in this research. Also they had the possibility to interrupt the interviews. This did not happen so the thesis writer got all the interviews done as it was planned.

All the information which was given in interviews was confidential. It was only used in thesis process and all the data was destroyed after the thesis was completed and accepted. This information was also given for the interviewees. In the consent form it was asked whether the interviewees allow the researcher use their name in the thesis or not. All of them accepted it, so the names can be seen in thesis. It was also promised, that the interviewees get to read the thesis and if there is anything they want to be deleted, it will be. This is also one of the interviewee rights to decline the use of information regarding them afterwards. (Hirsjärvi & Hurme 2018, 20)

After the interviews, they were all transcribed word by word. This enabled that the information was as specific and reliable information as possible. By doing this, it was also avoided, that the thesis writer could make any own interpretations. These transcribes were also destroyed after the thesis was completed. Transcribing includes also ethical questions about reliability and how faithfully the written transcribe follows the interviewees spoken statements. (Hirsjärvi & Hurme 2018, 20)

## 7.2 Validity and reliability

There are many aspects that affect the reliability. Reliability in this thesis means, that when examining the same person, the results should be the same each time. However, it is said that people act differently in different places and periods so it is quite unlikely to receive exactly the same results from two methods. (Hirsjärvi & Hurme 2018, 187) In

interview research the results are so unique that it is perhaps impossible to find two exactly the same cases.

Validity means qualification and the ability of the research method of measuring one specific area. It is important that the interview results reflect the thought of the interviewees as long as possible. (Hirsjärvi & Hurme 2018, 190) Because of this, every interview was recorded and transcribed as good as possible. When the thesis was completed, it was sent for the interviewees to read through and bring out any mistakes they found from the interview part. This gives the opportunity to make the results reflect the thought of the interviewees as long as possible and rises the validity.

When interviewing, the questions were formed differently if interviewee could not understand the original question. Questions were also iterated, when it was needed. It was important that the interviewee and interviewer had the same understanding about the discussed topic. As the interview questions were all quite similar, some topics were discussed many times during the interview. Transcribing was done right after the interview, because the interview was still on the fresh memory. This also improves the quality of the interview. (Hirsjärvi & Hurme 2018, 186) Even this does not mean, that the interviewee and interview are on mutual understanding about the questions.

In qualitative thesis reliability is depending on the quality of the interviews. If there has been technical issues, for example with the recorder and the audibility is bad or transcribing has followed different rules in the beginning and at the end, interview data can not be said reliable. (Hirsjärvi & Hurme 2018, 186) In this thesis process there was not any technical issues during the interviews. This rises the reliability of the thesis similarly as the transcribing followed the same rules during the whole process.

## 8 CONCLUSIONS AND DISCUSSION

In this part research results are proportioned in research questions. Research importance is evaluated. Also thesis as a learning process has been evaluated and conclusions and discussion is being debated. Reliability includes also evaluating the used literature and its reliability. It is also important to review the results based on existing data. In this part also possible mistakes or factors relevant to the results are being reviewed. These can be such as inexperienced researcher in interview situations. Evaluation of target can be what is the importance of the results for the own field science or actions in nursing science or what is the meaning of results for nursing in practice. (Tuomi & Sarajärvi 2017, 345-346) In this part, the results are not repeated but only the essential parts and their conclusions are being explained. The aim of this thesis was to describe and gather information about good care. Data was collected as theme interviews from the good care award winners.

### 8.1 Review

Based on research data, it can be said that good care consists of various different aspects. Values define what in the care is good and acts to seek for. These components form the whole, known as good care. Good care and quality of care are known as two different components but to implement good care, those need one another. In everyday life, good care is usually used term when in researchs the term is quality of care.

When defining good care it has to be taken into consideration that it can not be defined from one angle only. This makes it inadequate. There are several angles where good care can be defined. Patients perspective is primar when defining good care but it can not be the only one. In this thesis good care was defined from the health care workers perspective. Research material consisted of elderly care, health care center work and psychiatric elderly outpatient care. This enabled that the material was wide, versatile and reliable whole. The response for the interviews was 100% and this gave the opportunity to get reliable and valid results. Research materials showed that different kinds of research results supported each other by being a lot the same.

When analyzing the results there was various different aspects which were said many times by the interviewees. In total there was seven results that form the good care. I



could have cut these results to smaller pieces and write more specifically about them, but I did not want to do that because it would have made the results more indistinct and too abstract, which could change the results. For the same reason I decided to name the results in more of a story form, so that it would be more practical.

Results showed that the most important aspect of good care is basic care. It was said, that everything starts with implementing basic care correctly. If you do the base poorly, you can not build the good care on top of that. This has been proven in psychological theory called Maslow's hierarchy of needs. In sealed, the theory is that individuals' basic needs such as food, water and rest must be met before they become motivated to achieve higher level needs.

Holistic care and being present were important aspects too when implementing good care. Care is good when the care provider gives holistic care and everything has been taken into account. In holistic care the whole person is taken care of, mind, body and spirit. This is what one of the interviewees mentioned, that the psychological side has to be taken care of too. It is usually forgotten when taking care of people with somatic illnesses.

Teamwork and co-operation has to be in order to give good care. This has been proved in earlier researchs about good care. (Launonen 2014)

Thesis results were consistent with the already existing researchs. Results did not show any new information about the aspects affecting good care. When using theme interview as a research method there are some matters which can affect the results. These are for example interview situation and the interviewee tendency to give socially acceptable answers. (Hirsjärvi & Hurme 2018, 35-36) This did not seem to affect the results in this thesis process. There were some certain problems that came up during the process, these did not affect the results. Mainly the problems were result of thesis writers inexperience in research.

When having the interviews, there was not any distractions. Three out of four interviews were held in their homes, which has shown to be the most suitable places to have interviews in. (Hirsjärvi & Hurme 2018, 90) Interviewers seemed to be excited to talk about good care and give reliable information regarding on that. What made the interview situation easier was that the interviewees were alone, so they got the chance to talk more freely.

When talking about good care, it also consists of the improving the care. This was one of the questions in interview, what does the interviewees think about the current situation in nursing field, is there anything to improve and if yes, what. There was a lot of discussion about salary, lack of time and lack of respect. These are obviously negative sides and that might be the reason for that kind of feelings to arise during the interview. It was reminded, that these interviews are confidential and if there is something the interviewees do not want to be written down, it will be so.

It was important to make the interview frame before the actual interview and also add alternative extra questions to deepen the themes. When all the questions were asked, it was asked whether the interviewees have anything to add or something they would still like to talk about, regarding the topic. This usually adds the quality of the interviews.

## 8.2 Conclusions

In conclusion, good care forms of several different aspects. These can be seen in everyday situations in nursing field. These are not hard or detailed areas, just the basics that has to be taken care of well, so that the other care which is building on top of the other care, would be as good as possible too. Results showed that one can not give good care if the basic needs of an individual is forgotten. This thesis results support the earlier research results. Key result confirms that good care consists of various different aspects: Basic care, health care professionals teamwork, characteristics of professionals, holistic care, taking relatives into account and being present.

One of the research questions was that is there anything to improve in nursing. This beared a lot discussion and as a results there was that salary has to be higher and health care needs more nurses in order to get the possibility to implement good care.

When searching researchs about good care it was quite easy to find it. Usually in interviews people want to give positive and socially acceptable answers to not to get stigmatized. That is why it would be interesting too see the other side of this topic. Would it give new information about good care, if one would do a research about bad care and what might cause it? When facing the topic from that point of view, it could give new information and the health care could be improved. In future it would be nice to have

wider researchs, as this is one of the most dicussed topics in health care. This thesis results can be used in improving health care.

### 8.3 Thesis as a learning process

All in all, this thesis process was interesting project. I am happy, that I chose this topic as I have learned a lot during this process. It was very interesting and pleasant to get to interview the good care award winners, as they are the actual professionals to talk about good care and implementing of it. This also gave new perspectives for nursing care, which I will use in my future job. I learned what it takes to do a research and what are the skills you need to have. I am still beginner with these and that is why there was some things that could have been done differently but I see a possibility for doing further research about this topic.

During the process, I realized this topic is actually a very wide and that is why I would like to do more research. This process also gave me a new perspective about being a nurse and what it actually takes to be a nurse. Nurse are well educated and the amount of knowledge that nurses have is huge. It is challenging and difficult yet very rewarding. The meaning, why nursing has to be evidence based gave me a whole new perspective when doing this process. As said earlier, it was a priviledge to get to interview the award winners and use their answers as a base for my research. I hope this thesis finds many other health care professionals and laymans, as this is based on actual real-life experiences.

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## APPENDIX CONSENT FORM FOR THE INTERVIEWEES

### Suostumuslomake haastateltaville

Kirjallinen suostumus tutkimukseen osallistumisesta

#### Suostumus

Suostun vapaaehtoisesti osallistumaan Emilia Ruohon opinnäytetyön tutkimukseen.

Minulle

on kerrottu sekä aineistoa käsittelevät, miten sitä käsitellään ja miten se säilytetään.

Minulle on kerrottu mitä varten aineistoa kerätään.

Voin keskeyttää osallistumiseni missä vaiheessa tahansa.

Suostun haastatteluun ja haastatteluiden nauhoittamiseen.

Nimeni saa näkyä opinnäytetyössä \_\_\_\_\_

Nimeni ei saa näkyä opinnäytetyössä \_\_\_\_\_

Annan suostumukseni tutkimuksen tekemiseen, haastattelujen tekemiseen sekä litteroinnin hyödyntämiseen.

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Aika ja paikka

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Osallistujan allekirjoitus

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Nimenselvennys

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Aika ja paikka

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Haastattelijan allekirjoitus

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Nimenselvennys

## APPENDIX INTERVIEW FRAME

### Haastattelurunko

Haastattelujen teemarunko

Taustatiedot

Miten pitkään olet toiminut hoitotyössä?

Koulutustausta?

Hyvä hoito

1. Mitä on mielestäsi hyvä hoito?
2. Mistä hyvä hoitotyö koostuu?
3. Miten hyvää hoitotyötä toteutetaan?
4. Mitä pitää ottaa huomioon kun tavoitteena on hyvä hoito?
5. Miten toteutat hyvää hoitoa?

Tämänhetkinen tilanne hoitotyön saralla

1. Onko hoitotyön saralla jotain kehitettävää tällä hetkellä? Mitä?